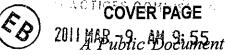
### CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

### STATEMENT OF ECONOMIC THERES



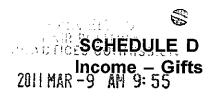
MAR - 7 2011

AMENDMENT Please type or print in ink. NAME OF FILER (FIRST) (LAST) CONWAY CONNIE Μ 1. Office, Agency, or Court Agency Name CA STATE ASSEMBLY Division, Board, Department, District, if applicable Your Position **ASSEMBLYWOMAN** ▶ If filing for multiple positions, list below or on an attachment. Position: COMMISSIONER AGENCY: CA COMMISSION ON DISABLITY ACCESS 2. Jurisdiction of Office (Check at least one box) ☐ Judge (Statewide Jurisdiction) State ■ Multi-County .... County of \_\_\_ ☐ City of \_ Other \_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2010, through December 31, Leaving Office: Date Left \_\_\_\_ 2010. (Check one) O The period covered is January 1, 2010, through the date of The period covered is \_\_\_\_\_\_\_\_, through December 31, leaving office. 2010. O The period covered is \_\_\_\_\_\_\_, through the date Assuming Office: Date \_\_\_\_\_/\_\_\_ of leaving office. Candidate: Election Year \_\_ Office sought, if different than Part 1: \_ 4. Schedule Summary Check applicable schedules or "None." ► Total number of pages including this cover page: . Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached None - No reportable interests on any echadule I have used all reasonable diligence in preparing this statement. I have reviewed herein and in any attached schedules is true and complete. I acknowledge this

Signa

I certify under penalty of perjury under the laws of the State of California t

Date Signed





## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

➤ NAME OF SOURCE	▶ NAME OF SOURCE
John A. Perez for Assembly	NAME OF COURSE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
777 South Figueroa Street, Suite 4050	Nashtada jadamada hadashtanay
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Los Angeles, CA 90017	Bookless / Colored and a colored
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12,06,10 s 110.00 Leather Portfolio	\$
/ <b>\$</b>	/
	\$
NAME OF SOURCE	➤ NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	// \$
/s	
NAME OF SOURCE	Verification
ADDRESS (Business Address Acceptable)	Office, Agency CA State Assembly
BUSINESS ACTIVITY, IF ANY, OF SOURCE	Office, Agency CA State Assembly
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	Statement Type 2010/2011 Annual Assuming Leaving Annual Candidate
Size (initially), Wilder Size of the Colon (c)	i have used all reasonable diligence in preparing this statement. I have
	reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
	Date Signa (d)(5)
	Signa
Comments:	



CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

- · Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

NAME OF SOURCE	NAME OF SOURCE
California Independent Voter Project	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2350 Kerner Boulevard, Suite 250	
CITY AND STATE	CITY AND STATE
San Rafael, CA 94901	
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Conference Participant	A
DATE(S): 10 / 14 / 10 - 10 / 18 / 10 AMT: \$ 736.50	DATE(S): AMT: \$\frac{1}{\infty} \frac{1}{\infty} \frac{1}{
TYPE OF PAYMENT: (must check one) 🗵 Gift 🗌 Income	TYPE OF PAYMENT: (must check one) Gift lacome
DESCRIPTION: Speaking Participation at Conference - gift limits do not apply	DESCRIPTION:
NAME OF SOURCE	Verification
ADDRESS (Business Address Acceptable)	Office, Agency CA. State Assembly
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	Statement Type 2010/2011 Annual Assuming Leaving Candidate
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information
DATE(S):/	contained herein and in any attached schedules is true and complete.  I certify under penalty of perjury under the laws of the State of
TYPE OF PAYMENT: (must check one) Gift Income	California that the foregoing is true and corrects (d)(5)  Date Signed
DESCRIPTION:	(d)(5)
	Signature 4
	-9
Comments:	

STATE CAPITOL
P.O. BOX 942849
SACRAMENTO, CA 94249-0034
(916) 319-2034
FAX (916) 319-2134

WEBSITE www.assembly.ca.gov/Conway

Assembly California Legislature



CONNIE CONWAY
ASSEMBLY REPUBLICAN LEADER
ASSEMBLYMEMBER, THIRTY-FOURTH DISTRICT

DISTRICT OFFICE

113 NORTH CHURCH STREET, SUITE 505

VISALIA, CA 93291

(559) 636-3440

FAX (559) 636-4484

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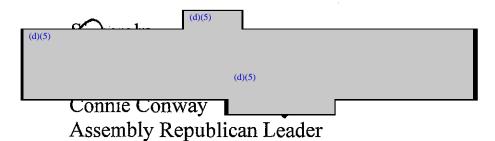
MAR - 7 2011

BY: <u>he</u>

(EB)

March 7, 2011

The filer has made a good faith effort to identify, value and report all gifts, tickets, travel payments and reimbursements related to travel in connection with speeches, panels, seminars or other similar events received during the calendar year. The filer has implemented a policy to track carefully and maintain a full and complete log of events attended; events at which the filer was provided meals or other benefits; and events at which the filer did not consume meals or beverages. The filer has relied in part for this tracking system upon the persons and entities providing gifts, tickets and the like to provide confirmation of the event and valuation of gifts and benefits. Any omission from the gifts and travel reimbursements listed herein is inadvertent.



2011 MAR -9 AM 9: 55

SALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE (TM)

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Date Received
Official Use Only

MAR - 1 2011

	lc.i	•
BY:	1 <sup>C</sup> C	
134		

Pie	ease type or print in ink.			
NAI	ME OF FILER (LAST)	<del></del>	(FIRST)	(MIDDLE)
C	onway		Connie	M
1.	Office, Agency, or Court			-
	Agency Name			<del></del>
	CA State Assembly			
	Division, Board, Department, District, if applicable		Your Position	
			Assemblywoman	
	lacktriangle If filling for multiple positions, list below or on an at	tachment.		
	Agency: CA Commission on Disability Acc	ess	Position: Commissioner	
2.	Jurisdiction of Office (Check at least one	box)		
	State		☐ Judge (Statewide Jurisdiction	n)
	Multi-County		County of	
	City of		☐ Other	20
_	-			
	Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2010, 2010.	through December 31,	Leaving Office: Date Left (Check one)	1 300
	The period covered is/	through December 31,	<ul> <li>The period covered is J leaving office.</li> </ul>	anuary 1, 2010, through the date of
	Assuming Office: Date/		<ul> <li>The period covered is _ of leaving office.</li> </ul>	/, through the date
	Candidate: Election Year	Office sought, if different	ent than Part 1:	<u> </u>
Ī.	Schedule Summary		<u></u>	
	Check applicable schedules or "None."	► To	al number of pages including thi	is cover page:4
	Schedule A-1 - Investments - schedule attached		Schedule C - Income, Loans, & E	Business Positions - schedule attached
	Schedule A-2 - Investments - schedule attached	$\boxtimes$	Schedule D - Income - Gifts - so	
	Schedule B - Real Property - schedule attached	$\boxtimes$	Schedule E - Income - Gifts - Tr	ravel Payments - schedule attached
	·	-or-		•
		- No reportable interests	on any schedule	
	Verification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
(0	1)(5)			
	I have used all reasonable diligence in preparing this st herein and in any attached schedules is true and com	atement. I have reviewed blete. I acknowledge this	is a <u>public decument.</u>	(d)(5)
١	certify under penalty of perjury under the laws of	the State of California	(d)(5)	77.
1	Date Signed 3/1/2011 (month, day, year)	Sign		PRAYAMARI 1898 IJAJI SURA ABRAN
	/ (monni, pay, year)		{mie tne onginally signed :	statement with your ming omicial.)

## SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

CONWAY, CONNIE

► NAME OF SOURCE		► NAME OF SOURCE	E	
Alliance of Automobile Man	ufactures	California Ca	ttlemen's Asso	ciation
ADDRESS (Business Address Accepta	· · · · · · · · · · · · · · · · · · ·		ess Address Acceptal	
1415 L Street, Suite 1190, \$		11	t, Sacramento	
BUSINESS ACTIVITY, IF ANY, OF SO			TY, IF ANY, OF SOL	
			,	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 , 28 , 10	Dinner	3 , 22 , 10	\$55.00	Dinner
		3 , 22 , 10	\$25.00	Breakfast
			\$	· · · · · · · · · · · · · · · · · · ·
NAME OF SOURCE	<del>****</del>	► NAME OF SOURCE	E	
Bridgepoint Education		California Citi	rus Mutual	
ADDRESS (Business Address Acceptal	ble)	ADDRESS (Busine	ss Address Acceptat	ole)
13500 Evening Creek Drive	North, Suite 600	512 North Ka	weah Avenue,	Exeter, CA 93221
BUSINESS ACTIVITY, IF ANY, OF SOL	JRCE	i i ——————————————————————————————————	TY, IF ANY, OF SOL	
San Diego, CA 92128-8104			•	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 , 25 , 10 \$ 62.00	Entertainment	2 , 16 , 10	\$61.80	Dinner
	•		\$	
\$			\$	
NAME OF SOURCE	<u> </u>	► NAME OF SOURCE	E	
California Building Industry A	Association	California Gra	pe & Tree Frui	t League
ADDRESS (Business Address Acceptab			ss Address Acceptab	
1215 K Street, Suite 1200, S	Sacramento, CA 95814	978 W. Alluvia	al. Suite 107. F	resno, CA 93711
BUSINESS ACTIVITY, IF ANY, OF SOU		_   1	TY, IF ANY, OF SOU	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 , 5 , 11	Diner	2 , 17 , 10	s59.10	Meal
\$			\$	
			\$	<u>.</u>
Comments:				
	•			

## SCHEDULE D Income – Gifts



► NAME OF SOURCE		► NAME OF SOURCE	E	
California Poultry Federation		Sungard High	ner Education	
ADDRESS (Business Address Acceptable)			ss Address Acceptab	le)
4650 Spyres Way, Suite 4, Mod	esto, CA 95356	8954 Rio Sar	Diego Drive, S	Suite 202
BUSINESS ACTIVITY, IF ANY, OF SOURCE			TY, IF ANY, OF SOU	
		San Diego, C	A 92108	
DATE (mm/dd/yy) VALUE DE	ESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)		DESCRIPTION OF GIFT(S)
3 , 9 , 10 <sub>s</sub> 223.13 D	Dinner	6 <u>, 21 , 10</u>	\$ 69.10	Meal
\$			\$	
			\$	
► NAME OF SOURCE		► NAME OF SOURC	 E	
California Tribal Business Allian	ce	Agricultural C	ouncil of Califor	rnia
ADDRESS (Business Address Acceptable)		ADDRESS (Busines	ss Address Acceptabl	e)
1530 J Street, Suite 250, Sacrar	nento, CA 95814	1000 G Stree	t, Suite 230, Sa	cramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVIT	TY, IF ANY, OF SOUR	RCE
**DID NOT EAT OR DRINK		**REIMBURS	ED BOTH EVE	NTS within 30 days
DATE (mm/dd/yy) VALUE DE	SCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 , 12 , 10 <sub>\$</sub> 92.68 R	eception	5 , 26 , 10	\$ 21.36	Food & Beverages
		6 , 23 , 10	<u>\$44.08</u>	Reception
			\$	
NAME OF SOURCE		NAME OF SOURCE		
MillerCoors		Chukchansi E	conomic Devel	opment Authority
ADDRESS (Business Address Acceptable)		ADDRESS (Busines	s Address Acceptable	9)
411 East Wisconsin Avenue		46575 Road 4	17, Bldg. C, Co	arsegold, CA 93614
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVIT	Y, IF ANY, OF SOUR	CE
Milwaukee, Wisconsin 53202		**REIMBURSI	ED	
DATE (mm/dd/yy) VALUE DES	SCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 <u>15 10</u> \$ 54.11 Di	nner	6 , 10 , 10	\$60.58	Dinner
			\$	
			\$	
	·			
Comments:				

# SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
CONWAY, CONNIE

- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

NAME OF COURSE
NAME OF SOURCE
Institute of Governmental Advocates  ADDRESS (Business Address Acceptable)
11
915 L Street, PMB/C414  CITY AND STATE
Sacramento, CA 95814  BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (e)(3)
SOURCE SOURCE SOURCE
DATE(S): 7 / 8 / 10 - 7 / 9 / 10 AMT: \$ 625.85
TYPE OF PAYMENT: (must check one) 🔀 Gift 🗌 Income
DESCRIPTION: Speaking Participation at IGA Conference-gift limits do not apply.
► NAME OF SOURCE
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):
TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:

STATE CAPITOL.
P.O. BOX 942849
SACFAMENTO, CA 94249-0034
(916) 319-2034
FAX (916) 319-2134

WEBSITE www.assembly.ca.gov/Conway

### Assembly California Legislature



DISTRICT OFFICE

113 NORTH CHURCH STREET, SUITE 505
VISALIA, CA 93291
(559) 636-3440
FAX (559) 636-4484

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MAR - 1 2011

BY: 14

March 1, 2011

The filer has made a good faith effort to identify, value and report all gifts, tickets, travel payments and reimbursements related to travel in connection with speeches, panels, seminars or other similar events received during the calendar year. The filer has implemented a policy to track carefully and maintain a full and complete log of events attended; events at which the filer was provided meals or other benefits; and events at which the filer did not consume meals or beverages. The filer has relied in part for this tracking system upon the persons and entities providing gifts, tickets and the like to provide confirmation of the event and valuation of gifts and benefits. Any omission from the gifts and travel reimbursements listed herein is inadvertent.

Sincerely (d)(5)		
Connie Conway	U	•
Assembly Republican Leader		

2011 MAR -1 PH 4: 05

#### RECEIVED FAIR POLITICAL PRACTICES COMMISSION

11 MAY -1 AM 8: 15



## SCHEDULE D Income – Gifts

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

	7
NAME OF SOURCE	NAME OF SOURCE
Sungard Higher Education  ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
4 Country View Rd., Malvern, PA 19355	ADDRESS (Business Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Higher Education	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
10 , 1 , 10 <sub>\$</sub> 85.91 Flowers	\$
	\$
	\$
NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	/ \$
NAME OF SOURCE	Verification
ADDRESS (Business Address Acceptable)	Print Name Assemblymember Connie Conway
BUSINESS ACTIVITY, IF ANY, OF SOURCE	Office, Agency California State Assembly, Dist. 34
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	Statement Type 🔀 2010/2011 Annual 🗌 Assuming 🗍 Leaving 🗎 Candidate
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information
. / / \$	contained herein and in any attached schedules is true and complete.  I certify under penalty of perjury under the laws of the State of
	California that the foregoing is true and correct.
	Date Sign (d)(5) (d)(5)
	Signatus
Comments:	